Amendments to the Specification

Please amend page 2, first full paragraph, as follows:

There have been attempts in the prior art to design a resuscitator that integrates a carbon dioxide detector. An example of such a device is disclosed in U.S. Patent No. 6,427,687 to Kirk. Unfortunately Kirk is both time consuming and cumbersome because it incorporates a carbon dioxide detector into the resuscitator. Therefore, a medical professional using Kirk must incorporate a disposable CO_2 detector upon the regulator thus requiring an additional step above merely inserting the endotracheal tube into the patient. A further example of a combination carbon dioxide detector and resuscitator is disclosed in U.S. Patent No. 6,584,974 to Ratner. Ratner attaches the CO_2 detector directly to the resuscitator and has the same disadvantages as the Kirk patent. Accordingly, it is an objective of the ~~prior art~~ invention to incorporate the CO_2 detector in an adapter that may be placed between the endotracheal tube and a bag valve mask.

Please amend page 2, last paragraph on page, as follows:

A still further objective of the present invention is to minimize the amount of pieces and assembly required by medical personnel. With every additional piece that is not preassembled creates increased search time for the pieces, the possibility of dropping the pieces, and the concern for inadequate attachment of multiple parts of the assembled system. Therefore, a further objective of the present invention is to create an improved endotracheal tube system which has all pieces preassembled into a combination such that only a resuscitator or bag valve mask needs to be attached it.

Please amend page 3, fourth full paragraph, as follows:

The improved endotracheal tube system has an endotracheal tube, an adapter having a housing containing a first tube attached to the endotracheal tube and a second tube for attachment to a bag-valve mask. The system also having a stylet placed within the endotracheal tube and the adapter to provide temporary rigidity to the endotracheal tube. The improved endotracheal tube system may also have a carbon dioxide indicator within the adapter housing. Additionally, the system may have a handle attached to the stylet that facilitates removal of a stylet from the endotracheal tube ~~in~~ and the adapter but with handle having seals upon it which prevent the outside atmosphere air from interacting with the carbon dioxide indicator.

Please amend page 4, line 11, as follows:

Figure 2 is an exploded view of the adapter with a carbon dioxide detector and a stylet having a handle attached to it.

Please amend page 4, line 18, as follows:

Figure 4A is a front view of the adapter of Figure ~~2~~ 4.

Please amend page 5, second full paragraph, as follows:

On the base of the second tube 28 are six holes equally spaced around the circumference of the second tube 28. The holes 30 measure approximately 3 mm in diameter. As seen in Figure 3, a casing or housing ring 32 with a C-shaped cross section defining a ring chamber 34 is adapted to be placed over the second tube 28. Inside the ring chamber 34 is placed a carbon dioxide indicator 36. Litmus paper is chemically treated telemetric indicator paper that may be used to detect carbon dioxide. The carbon dioxide detector 36 goes into ring 32. The ring 32 may then be slid over the second tube 28 and positioned against flange 38. The ring 32 is then secured in place. The ring may be secured using adhesive between the interface of the ring 32 and second tube 28 and the ring 32 and flange 38. As seen in Figure 3A, the carbon dioxide detector may be held in tracks 35 of the ring 34.

Please amend page 7, paragraphs three and four, as follows:

In summary, the best case scenario for the prior art method of detecting CO_2 may range between 64 to 126 second. The worst case scenario may range much longer than two minutes and creep dangerously close to the four minute mark for brain damage and the eight minute mark for brain death. Obviously, with the medical professional also having to encounter delaying issues such as being transported to an accident site on the highway, every second matters.

The present invention as seen in Figures 5-7 reduces the amount of steps and time. These reductions ~~decreases~~ decrease the best case scenario time for inserting the endotracheal tube and limits the possibility for error encountered.

Please amend page 8, paragraph two, as follows:

As a summary of Figures 5-7, the medical provider first inserts the improved endotracheal tube system into a patient using a Laryngoscope 50. As seen in Figure 6, the medical provider then inflates the balloon 20 using a syringe 22 attached to ~~opening~~ inflating apparatus 24. The user can then withdraw the handle 42 from the adapter 12 thus pulling the stylet 40 from the

endotracheal tube in the adapter. As in Figure 7, the user then attaches the bag-valve mask or ventilator 48 and compresses the bag to press air into the patient's lungs. The medical provider then permits the bag-valve mask to pull gas from the patient and if it is properly placed on the larynx, it will pull CO_2 rich gas from the user's lungs and pass it through the CO_2 detector and the adapter 12. If there is no color change, the medical provider will remove the endotracheal tube 14 from the patient and replace with a fresh tube. If the endotracheal tube is in the larynx, the medical provider will continue to respirate the patient.